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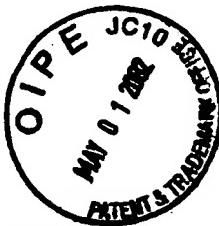
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7590 01/25/2002

Steven R. Scott  
Eugene Stephens & Associates  
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Rochester, NY 14605

05/02/2002 EARLEY2 00000632 09765176

01 FC:242	640.00 US
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Carol Austin	(Depositor's name)
<i>Carol Austin</i>	(Signature)
APR 23 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/765,176	01/18/2001	Donald E. Wilcox		7467

TITLE OF INVENTION: METHOD AND APPARATUS FOR ENHANCING EVACUATION OF BULK MATERIAL SHIPPER BAGS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
71	nonprovisional	YES	\$640	\$300	\$940	04/25/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
DERAKSHANI, PHILIPPE	3754	222-095000

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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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Name printed on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

EUGENE STEPHENS  
& ASSOCIATES

2 Steven R. Scott

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

A. R. Arena Products, Inc.

Rochester, New York

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 10

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 A check in the amount of the fee(s) is enclosed. (\$970) Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4518 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

4. 23-02

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